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Attorney Reference Number 4239-61375-01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

n re application of: Mukherjee et al.

Application No. 10/019,833 Filed: November 20, 2002 Confirmation No. 8664

UTEROGLOBIN IN THE TREATMENT

OF IGA MEDIATED AUTOIMMUNE

DISORDERS

Examiner: Yunsoo Kim

Art Unit: 1644

Attorney Reference No. 4239-61375-01

MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS P.O. BOX 1450 **ALEXANDRIA, VA 22313-1450**

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP AMENDMENT COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Attorney or Agent for Applicant(s)

Date Mailed September 25, 2006

09/27/2006 CNEGA1 00000082 10019833

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450.00 OP

TRANSMITTAL LETTER

Enclosed is an Amendment and Response to Restriction Requirement for the above application. The fee has been calculated as shown below.

CLAIMS AS AMENDED						
For	No. after amendment	No. paid for previously		Present Extra	Rate	Fee
Total Claims	39	- 46*	=	0	\$50.00	\$ 0.00
Indep. Claims	7	- 9**	=	. 0	\$200.00	\$ 0.00
Two-month Extension of Time					\$450.00	\$450.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$450.00

^{*} greater of twenty or number for which fee has been paid.

Applicants petition for an extension of time for the number of months indicated above. If \bowtie an additional extension of time is required please consider this a petition therefor.

 \boxtimes A check in the amount of \$450.00 is attached.

 \boxtimes Please charge any additional fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.

^{**} greater of three or number for which fee has been paid.

- If the Patent and Trademark Office determines that this amendment results in an additional application size fee for pages in excess of 100, please charge the fee to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

One World Trade Center, Suite 1600 121 S.W. Salmon Street Portland, Oregon 97204 Telephone: (503) 595-5300

Facsimile: (503) 595-5301

cc: Docketing

By

8usan Alpert Siegel, Ph.D. Registration No. 43,121